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U.S. Army, Far East Command
" Medical Section



VOL III-NO I

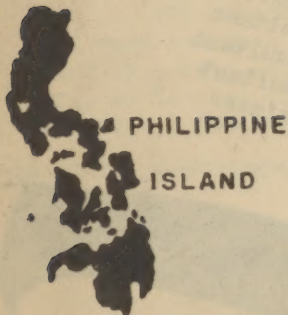
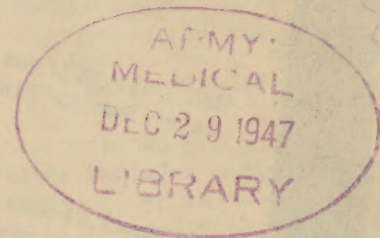
SURGEON'S CIRCULAR LETTER



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Organization of the Medical Section

The following is a list of commissioned personnel currently assigned or attached to the Medical Section:

Brig. General James A. Bethea
Colonel John C. Fitzpatrick
Lt. Col. Frederick H. Gibbs

Surgeon
Deputy Surgeon
Executive Officer

ADMINISTRATIVE BRANCH

Lt. Col. Frederick H. Gibbs
Lt. Edwin W. Payne

Chief
Assistant

PLANS AND OPERATIONS BRANCH

Colonel John C. Fitzpatrick
Lt. Col. Frederick H. Gibbs
Major John V. Painter
Captain Robert E. Watson
Captain Felix G. Rajecki
Captain Vincent I. Hack
Captain James D. Grindell
Lt. Maurice F. Watson

Director
Deputy Director
Chief, Supply and Fiscal Branch
Supply and Fiscal Branch
Chief, Plans and Operations Branch
Plans and Operations Branch
Plans and Operations Branch
Plans and Operations Branch

PERSONNEL DIVISION

Lt. Col. Wilfred A. Emond
Major Sam A. Plemons

Director
Deputy Director

CONSULTANTS

Colonel Thomas C. Daniels
Colonel George N. Schuhmann
Colonel R. E. Blount
Lt. Col. Warner F. Bowers
Lt. Col. R. L. Colhoun
Major Kermit E. Jones

Dental Consultant
Preventive Medicine
Medical Consultant
Surgical Consultant
Nursing Consultant
Sanitary Engineer

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GENERAL HEADQUARTERS
FAR EAST COMMAND
MEDICAL SECTION

CIRCULAR LETTER)

APC 500

1 January 1948

NO. 1)

PART I

ADMINISTRATIVE

<u>SUBJECT</u>	<u>SECTION</u>
Medical Aspects of Atomic Explosion	I
Army Navy Catalog of Medical Material	II
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Editor's Note

The author of the article, "An Ether Sedimentation Technique for Routine Stool Examinations", published in the November Surgeon's Circular Letter, was inadvertently omitted. The paper was submitted by L. S. Ritchie, Ph.D., 406th Medical General Laboratory, Tokyo, Japan.

I. Medical Aspects of Atomic Explosion

The third class in the course in Medical Aspects of Atomic Explosion was conducted at the Army Medical Department Research and Graduate School, Army Medical Center, Washington, D.C. during November 1947. This was a 5-day course and its purpose was to orient medical officers of the Army, Air Force, Navy and Public Health Service and doctors of the Veterans Administration in the fundamental principles of this subject.

Two classes in this course were conducted previously in May and September of last year and were enthusiastically accepted. The course includes basic information which is considered the minimum essential for all doctors of the above services. Therefore, it is planned to repeat the course each month until the majority of the doctors have been indoctrinated in this subject.

II. Army Navy Catalog of Medical Material

It is suggested that all hospital and dispensary commanders encourage their professional staffs to become familiar with the new Army and Navy Catalog of Medical Material.

This catalog now lists as standard items many drugs, etc., that formerly were not available. It should be pointed out that not every item listed therein may be immediately available, particularly those items coded A1 or A2 in the Army Conversion Table. In case of urgent need a request for air lift may expedite the receipt of critical items. Such requests should be sufficiently justified to obtain the assignment of air priority.

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In certain instances items are not listed in the familiar terminology generally employed. To illustrate it is pointed out that Benadryl is listed under its chemical name of b-Dimethylaminoethyl Benzhydryl Ether Hydrochloride Capsules; that 1/6 molar lactate solution is listed under Sodium R Lactate solution.

It is believed that careful study of the supply catalog, and that periodic visits by the professional staff to look over the supplies and equipment available in the Medical Supply Warehouse, will result in much more satisfactory therapeutics.

III. VD Film In Production

The Signal Corps has announced that it is currently in the production stages of a new \$80,000 full-length motion picture feature titled "Miracle of Living". When completed, the picture will be able to be shown to a general audience of both sexes, thereby constituting a completely new approach to the problems of venereal disease. This is in line with the current changeover in Army policy in regard to this national problem, which will henceforth preach continence. No release date has yet been set.

IV. Initial Distribution of Medical Film PMF 5003

Initial distribution of Professional Medical Film 5003 Intra-Abdominal Colostomy Closure (Transverse Loop - Pauchet Method), (running time, 11 minutes, 3 - 16 mm print, color) is being made available to installations in the Far East Command. Distribution of film is made in accordance with recommendations from the Office of The Surgeon General for showings to interested medical personnel.

V. Library Facilities

Every medical officer has at his request the photo-duplication facilities of the Army Medical Library. In order to procure authoritative, original, and up-to-date data on any clinical problem, the following procedure is suggested:

a. Select pertinent references that are listed in recent texts, medical, surgical, or pediatric as the case may be. As a rule, the authors of these texts carry in their reference lists the outstanding articles that have contributed to the knowledge of that particular subject.

b. Look through the subject index published in the Index Number of each volume of the Journal of the American Medical Association for recent articles on that subject.

c. Write an air mail letter to the Director of the Army Medical Library, Washington 25, D.C., requesting such duplication of the articles you have selected. If a more thorough coverage of the literature is desired, a request for a bibliography can be submitted to the Director of the Army Medical Library. The library stands ready to provide assistance with a bibliography and to send photostat copies of such articles if requested.

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d. Pending publication of further information regarding microfilm, readers' requests for photo-duplication should specify photostats instead of microfilm.

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VI. Contributors to Circular Letters 1947

Contributors	Issue	Page
ALDRIDGE, C. W., Captain, M.C. Method of Treating Renal Colic and Renal Suppression in Calculus Disease	Jan	23
ANDERSON, Norman W., Colonel, M.C. Reports of Surgical Management of Perforated Duodenal Ulcer (Case Histories)	Dec	8
BARKSDALE, Walter L., PhD. (Joint Author) Diphtheria.	Aug	9
BLOUNT, R. E., Colonel, M.C. Comments on Tracheotomy in Bulbar Poliomyelitis	Oct	28
BOIES, Lawrence R., M.D. Tracheotomy in Bulbar Poliomyelitis	Oct	27
BOWERS, Warner F., Lt. Col., M.C. Doctor-Patient Relationship	Aug	7
Discussion on Acute Pancreatitis (Case Report).	Sep	33
Discussion on Aberrant Thyroid Tissue in Relation to Malignancy	Sep	30
Discussion on Surgical Management of Perforated Duodenal Ulcers (Case Histories)	Dec	8
CASALS, Jordi, M.D. (Joint Author) Activities of Army Epidemiology Board	Nov	5
CLARK, C. L., Captain, M.C. Acute Pancreatitis (Case Report).	Sep	33
Aberrant Thyroid Tissue in Relation to Malignancy	Sep	30
Diagnosis and Treatment of Thyroglossal Duct Cyst	Dec	5

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DANIELS, THOMAS C., Colonel, D.C.		
Partial Dentures	Sep	36
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DAVIS, Cooper, Captain, M.C.		
Epidemic Amebiasis	Sep	17
EAGLE, John F., Jr., Captain, M.C.		
Carcinoid of the Appendix.	Jan	26
GOLTZ, Neil F., M.D.		
Tracheotomy in Bulbar Poliomyelitis.	Oct	27
GRAYSON, T. L., Captain, M.C.		
Meckel's Diverticulum with Obstruction	Oct	22
HAMMON, W. McD., M.D. (Joint Author)		
Activities of Army Epidemiology Board.	Nov	5
HARPER, Neal A., Colonel, D.C.		
Comments in Orthodontia	Aug	13
HIGGINS, John R., Captain, M.C.		
Heart Rate in Malaria.	Feb	8
JIMISON, Robert L., Major, V.D.		
Ring Test for Brucella Abortus	Aug	14
KAUFMAN, E. H., Captain, M.C.		
Handling of Blood Specimens for Clinical Chemistry	Sep	26
MacLEOD, Colin, M.D.		
Control of Respiratory Disease	Sep	16
MAYER, F. J., Captain, M.C.		
Poliomyelitis Summary, 361st Hospital.	Nov	15
MEIKLEJOHN, Gordon, M.D. (Joint Author)		
Activities of Army Epidemiology Board.	Nov	5
MELLINKOFF, Sherman M., Captain, M.C.		
Heart Rate in Malaria.	Feb	8
PRIEST, Robert E., M.D.		
Tracheotomy in Bulbar Poliomyelitis.	Oct	27
REES, Don M., Ph.D. (Joint Author)		
Activities of Army Epidemiology Board.	Nov	5
RITCHIE, L. S., Ph.D.		
An Ether Sedimentation Technique for Routine Stool Examinations.	Nov	14
SARTWELL, Philip E., M.D.		
Summary of Influenza Situation to Date	Apr	7
TIGERTT, William D., Lt. Col., M.C.		
Theater Laboratory Service (Part I).	Apr	10
Theater Laboratory Service (Part II)	May	19
Theater Laboratory Service (Part III).	Jun	10
Diphtheria (Joint Author).	Aug	9
VOGT, Frank C., Captain, M.C.		
Is Gonorrhea a Medical Problem?	Oct	14

VII. Recent Department of the Army and FEC Publications

- AR 35-2025, DA, 3 October 1947. Finance Department - Pay and Allowances of Officers of the Army Nurse Corps and the Women's Medical Specialist Corps of the Regular Army.
- AR 40-590, C-3, DA, 6 October 1947. Medical Department, Administration of Hospitals, General Provisions.
- AR 40-210, C-5, DA, 20 October 1947. Medical Department - Prevention and Control of Communicable Diseases of Man.
- AR 40-250, DA, 28 October 1947. Medical Department - Nutrition.
- AR 345-415, C-4, DA, 28 October 1947. Military Records, Daily Sick Report.
- CIR 239, WD, 30 August 1947, Sec II. Dental Treatment.
- CIR 21, DA, 14 October 1947, Sec I. AR 40-590 - Administration of Hospitals - Changed.

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CIR 23, DA, 16 October 1947, Sec III, Par 6. Hospitalization and Medical Expenses while on Leave.

CIR 30, DA, 27 October 1947, Sec I. AR 55-450, Accounting For Property on Army Transports. (Par 10, AR 55-450, Pertaining to Medical Property Changed).

CIR 32, DA, 30 October 1947, Sec I. Medical Corps Officers (Assignment to Units of National Guard and Organized Reserve Corps).

CIR 33, DA, 31 October 1947, Sec V. Venereal Disease; Sec VI. Rescission of Cables on Immunization Requirements.

WD MEMO 615-515-1, 12 September 1947. Selection of Personnel from Replacement Stream for Army Schooling.

DA MEMO 210-20-7, 9 October 1947. Space Allowances at Permanent Installations.

BULLETIN 23, WD, 17 September 1947. Termination of Certain Emergency and War Powers.

GENERAL ORDER #9, DA, 21 October 1947, Sec I. Fort Totten Army Medical Center, New York, Established.

TB MED 228, DA, 28 October 1947, Silver or Silver Nitrate Stains.

TECHNICAL BULLETIN 14-501-6, DA, 14 October 1947, Par I. Additional Items of Pay to Medical and Dental Officers.

TABLE OF ALLOWANCES #32-4, DA, 24 September 1947. Headquarters Army Security Agency, Pacific, Sec III, Medical Equipment.

CIR 104, GHQ, FEC, 30 October 1947, Sec I. Venereal Disease Control (GHQ, FEC Cir 41, 1947, Amended).

PART II

TECHNICAL

<u>SUBJECT</u>	<u>SECTION</u>
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Preparation for Surgical Emergencies	IX
Emergencies in Pediatric Practice (In Two Parts) Part I.	X
Veterinary Education in Southern Korea	XI
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VIII. Use of TB MEDS by Col. Robert E. Blount, M.C., Medical Consultant, Far East Command

It has been noted that considerably less than maximum use is being made of TB MEDS in this theater. Medical bulletins such as the ones on Sulfonamide Therapy, Rheumatic Fever, Infectious Hepatitis, Physical Therapy, Neurotropic Virus Diseases, Clinical Malaria, and Diabetes Mellitus, to mention only a few, are authoritative, up-to-the-minute classics in their respective fields.

In order to add to the usefulness of these invaluable bulletins, it is suggested that the clinical or professional numbers be bound in one volume. To facilitate ready reference to these bulletins an alphabetical index is published herein. It should be noted that in this index the bulletins relating to medical and sanitary data

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of other theaters have, to a large extent, been omitted. A complete listing of all TB MEDS, including medical and sanitary data on various geographic locations, is carried in FM 21-6.

A complete set of the clinical TB MEDS, bound, and indexed alphabetically by subject can, with a little ingenuity, be provided and placed in each section of the major services of each hospital and in each dispensary. Missing copies may be requisitioned through regular Adjutant General publication distribution channels.

Alphabetical List of TB MEDS Pertinent to Far East Command

ALLERGY

Allergy. TB MED 203, 15 Oct 45.

AMEBIASIS

Amebiasis. TB MED 159, May 45.

Water Treatment in Areas where Amebiasis and Schistosomiasis are Hazards.
TB MED 190, 1 Aug 45.

AMPUTATION

Coordination of Physical and Surgical Therapy of Orthopedic and Amputation Case.
TB MED 10, 14 Feb 44 (Ref. Orthopedic)

APHASIA

Aphasic Language Disorders. TB MED 155, Apr 45.

ARSENIC

Use of Bal in Oil and Bal Ointment in Treatment of Systemic Poisoning Caused by Lewisite and Other Arsenical Blister Gases. TB MED 101, 4 Oct 44.

ASPHYXIA

Treatment of Respiratory Depression and Asphyxia. TB MED 131, Jan 45.

BAL

Use of Bal in Oil and Bal Ointment in Treatment of Systemic Poisoning Caused by Lewisite and Other Arsenical Blister Gases. TB MED 101, 4 Oct 44 (Ref Arsenic)
Use of Bal in Oil for Treatment of Certain Severe Mapharsen Reactions.
TB MED 104, 12 Oct 44.

BLOOD

Taking of Blood Specimens. TB MED 78, 4 Aug 44.
Complications of Blood Transfusion. TB MED 204, 24 Oct 45.

BONIN ISLAND

Medical and Sanitary Data on the Bonin Island. TB MED 83, 7 Aug 44.

BURNS

Surgical Management of Thermal Burns. TB MED 151, Mar 45.

CASUALTIES

Notes on Care of Battle Casualties. TB MED 147, Mar 45 and Cl, 9 Jan 47.

CELEBES

Medical and Sanitary Data on Celebes. TB MED 67, 19 Jul 44.

CEYLON

Medical and Sanitary Data on Ceylon. TB MED 109, 28 Oct 44.

CHANCROID

Chancroid, Lymphogranuloma Venereum, and Granuloma Inguinale, TB MED 157, Apr 45 and Cl, 17 Dec 46.

CHEST

Notes on Certain Diseases of the Chest. TB MED 69, 22 Jul 44.

CHOLERA

Cholera. TB MED 138, Feb 45.

CONSULTATION

Consultation Service. TB MED 156, 4 Dec 46.

DENTAL

Instructions for Preparing and Mailing Prosthetic Cases to Central Dental Laboratory. TB MED 148, Mar 45.

DDT

DDT Insecticides and Their Uses. TB MED 194, 17 Aug 45.
Spraying of DDT From Aircraft. TB MED 200, 6 Feb 46.

DIABETES

Diabetes Mellitus. TB MED 168, Jun 45.

DIPHTHERIA

Cutaneous Diphtheria. TB MED 143, Feb 45 and Cl, 4 Feb 47.

DISINFECTION

Disinfection Procedures. TB MED 184, Jul 45.

DRUGS

Descriptive list of Drugs and Chemicals in Far East CAD Units. TB MED 149, 17 Mar 45.

DYSENTERY

Bacillary Dysentery, TB MED 119, Nov 44.

ELECTROENCEPHALOGRAPHY

Electroencephalography: Operative Technique and Interpretation. TB MED 74, 27 Jul 44.

ENCEPHALITIS

Japanese B. Encephalitis. TB MED 181, Jul 45.

FILARIASIS

Filariasis (Wuchereria) with Special Reference to Early Stages. TB MED 142, Feb 45

FIRST AID

Use of War Wound Moulages in Teaching Emergency Medical Care and First Aid.
TB MED 116, 18 Nov 44 (Ref Moulages).
First Aid for Liquid Blister Gas Contamination of the Eye. TB MED 153, Mar 45.

FRACTURES

Reduction of Fractures During Fluoroscopic Exposure. TB MED 22, 21 Mar 44.
Suspension-Traction Treatment of Fractures. TB MED 133, Jan 45.

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FRENCH INDO-CHINA

Medical and Sanitary Data on French Indo-China. TB MED 86, 18 Aug 44.

FUNGI PROOFING

Moisture proofing and Fungi proofing (Tropicalizing) Medical Department Equipment. TB MED 186, Jul 45.

GRANULOMA INGUINALE

Chancroid, Lymphogranuloma Venereum, and Granuloma Inguinale. TB MED 157, Apr 45 and Cl, 17 Dec 46.

GAS

First Aid for Liquid Blister Gas Contamination of the Eye. TB MED 163, Mar 45.
Technique for Applying Gas Mask to a Helpless Patient. TB MED 169, Jun 45.
Respiratory Protective Devices. TB MED 223, 21 Jun 46.

GOGGLES

Mounting Corrective Lenses in Welder's Goggles, TB MED 92, 15 Sep 44.

GONORRHEA

Management of Gonorrhea. TB MED 196, 20 Aug 45.

GUAM

Medical and Sanitary Data on Guam. TB MED 57, 23 June 44.

HAINAN

Medical and Sanitary Data on Hainan. TB MED 118, Nov 44.

HEAT

Prevention and Treatment of Adverse Effects of Heat. TB MED 175, Jun 45 and Cl, 25 Nov 46.

HEPATITIS

Infectious Hepatitis. TB MED 206, 3 Nov 45.

IMMUNIZATION

Immunization. TB MED 114, 28 Feb 47.

INDIA

Medical and Sanitary Data on India. TB MED 174, July 45.

IZU ISLAND

Medical and Sanitary Data on the Izu Island. TB MED 83, 7 Aug 44.

JAPAN

Medical and Sanitary Data on Japan. TB MED 160, May 45.

JAVA

Medical and Sanitary Data on Java. TB MED 102, 10 Oct 44.

KAZAN ISLAND

Medical and Sanitary Data on Kazan Island. TB MED 83, 7 Aug 44.

KERATECTOMIES

Indications and Contraindications for Keratoplasty and Keratectomies. TB MED 177, Jul 45.

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KERATOPLASTY

Indications and Contraindications for Keratoplasty and Keratectomies. TB MED 177, Jul 45.

KOREA

Medical and Sanitary Data on Korea. TB MED 208, 6 Dec 45.

KURILE ISLANDS

Medical and Sanitary Data on the Kurile Islands. TB MED 24, 27 Mar 44.

LABORATORY

Function and Scope of Medical Department Laboratories. TB MED 135, Jan 46.

LEISHMANIASIS

Visceral Leishmaniasis - Kala-azar. TB MED 183, Jul 45.

LEPROSY

Leprosy. TB MED 205, 1 Nov 45.

LYMPHOGRANULOMA

Chancroid, Lymphogranuloma Venereum, and Granuloma Inguinale. TB MED 157, Apr 45 and Cl, 17 Dec 46.

MALARIA

Drug Suppressive Treatment of Malaria. TB MED 66, 11 Jul 44.
Treatment of Clinical Malaria and Malarial Parasitemia. TB MED 72, 4 Mar 47.
Malaria Control in the Army. TB MED 164, Jun 45.

MALAYA

Medical and Sanitary Data on British Malaya. TB MED 95, 27 Sep 44.

MANCHURIA

Medical and Sanitary Data on Manchuria. TB MED 216, 13 Feb 46.

MAPHARSEN

Use of Bal in Oil for Treatment of Certain Severe Mapharsen Reactions. TB MED 104, 12 Oct 44 (Ref Bal).

MARCUS ISLANDS

Medical and Sanitary Data on Marcus Island. TB MED 83, 7 Aug 44.

MARIANA ISLANDS

Medical and Sanitary Data on the Mariana Islands. TB MED 20, 15 Mar 44.

MARSHALL ISLANDS

Medical and Sanitary Data on the Marshall Islands. TB MED 111, 3 Nov 44.

MEETINGS

Professional Rounds and Meetings in Hospitals. TB MED 210, 10 Dec 45.

MENOPAUSE

Menopause. TB MED 158, May 45

MOISTUREPROOFING

Moistureproofing and Fungiproofing (Tropicalizing) Med Dept Equipment. TB MED 186, Jul 45.

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MONGOLIAN

Medical and Sanitary Data on Irkutsk and Chita Oblasts, and the Yakut and Buryat - Mongolian Autonomous Republics. TB MED 209, 29 Nov 45.

MOULAGES

Use of War Wound Moulages in Teaching Emergency Medical Care and First Aid. TB MED 116, 18 Nov 44.

MUSEUM

Medical Museum and Arts Detachments (MM&AD). TB MED 199, 12 Sep 45.

NEUROLOGY

Neurological Diagnostic Techniques. TB MED 76, 28 Jul 44 and C1, 23 Mar 45.

NEUROPSYCHIATRY

Lecture Outlines for Officers on Personnel Adjustment Problems. TB MED 12, 22 Feb 44.

Lecture Outlines for EM on Personal Adjustment Problems. TB MED 21, 20 Dec 45.

Induction Station Neuropsychiatric Examination. TB MED 33, 21 Apr 44.

Reconditioning Program for Neuropsychiatric Patients. TB MED 80, 3 Aug 44.

Treatment Program for Psychiatric Patients in Station & General Hospitals. TB MED 84, 20 Feb 47.

Neuropsychiatry for General Medical Officer. TB MED 94, 21 Sep 44.

WAC Recruiting Station Neuropsychiatric Examination. TB MED 100, 4 Oct 44.

Group Psychotherapy. TB MED 103, 10 Oct 44.

Clinical Psychological Service in Army Hospitals. TB MED 115, 21 Nov 46.

Psychiatric Social Work. TB MED 154, 4 Dec 46.

Psychiatric Testimony Before Court Martial. TB MED 201, 1 Oct 45.

NEW GUINEA

Medical and Sanitary Data on Dutch New Guinea. TB MED 18, 10 Mar 44.

NOMENCLATURE

Nomenclature and Method of Recording Diagnoses. TB MED 203, 19 Oct 45.

NUTRITION

Food and Nutrition. TB MED 23, 23 Mar 44.

Classification of Foods, and Factors for Conversion of Unit Packages to Pounds for Use in Dietary Analysis of Rations. TB MED 25, 28 Mar 44.

Emergency Feeding of Infants, Children, and other Special Groups of Civil Populations. TB MED 53, 12 Jun 44.

Nutritional Value and Characteristics of Certain Expeditionary and Packaged Rations. TB MED 141, Feb 45.

Medical Nutrition Examination. TB MED 224, 16 Aug 46.

ORTHOPEDIC

Coordination of Physical and Surgical Therapy of Orthopedic & Amputation Cases. TB MED 10, 14 Feb 44.

OXYGEN

Oxygen Therapy Apparatus, Closed Circuit: Boothby-Lovelace (Medical Dept. Item #93640). TB MED 1, 16 Dec 43.

PALAU ISLANDS

Medical and Sanitary Data on the Palau Islands. TB MED 41, 11 May 44.

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PARA-AMINO BENZOIC ACID

Use of Para-Aminobenzoic Acid in Bacteriological Culture Media. TB MED 60, 29 Jun 44.

PATHOLOGY

Facilities Provided for Tissue Pathology in U.S. Army. TB MED 19, 11 Mar 44.

PENICILLIN

Penicillin. TB MED 9, 12 Feb 44 and C1, 4 Sep 45.

PHILIPPINE ISLANDS

Medical and Sanitary Data on Philippine Islands. TB MED 68, 18 Jul 44.

PILONIDAL CYST

Pilonidal Cyst and Sinus. TB MED 89, 2 Sep 44.

PLAGUE

Plague. TB MED 124, Dec 44.

POLIOMYELITIS

Poliomyelitis. TB MED 193, 31 Aug 45.

RATIONS

Classification of Foods, and Factors For Conversion of Unit Packages to Pounds For Use in Dietary Analysis of Rations. TB MED 25, 28 Mar 44 (Ref Nutrition)

Nutritional Value and Characteristics of Certain Expeditionary and Packaged Rations. TB MED 141, Feb 45.

RECEPTION

Medical Procedures to be Followed at Reception Stations or Other Designated Facilities for Military Personnel Returning from Foreign Duty. TB MED 180, Jul 45.

RECONDITIONING

Physical Reconditioning for Bed and Ward Patients. TB MED 137, Jan 45.

Film Programs for Educational Reconditioning in Army Service Forces Hospitals. TB MED 145, Feb 45.

Films for Reconditioning for Bed & War Patients in ASF Hospitals. TB MED 166, Jun 45, C-1.

Music in Reconditioning in ASF Convalescent and General Hospitals. TB MED 187, 26 Jul 45.

RECORDS

Indicating Place of Admission on WD MD Forms No. 52. TB MED 7, 15 Jan 44.

Preparation of Part IX, Communicable Diseases, of WD MD Form 86ab. TB MED 92, 15 Sep 44.

REDEPLOYMENT

Medical Problems of Redeployment. TB MED 170, Jun 45.

REHABILITATION

The Army's Aural Rehabilitation Program for the Deafened. TB MED 195, 18 Aug 45.

REPELLENT

Impregnation of Clothing with Insect Repellent. TB MED 121, Dec 44.

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RESPIRATORY SYSTEM

Control of Diseases of Respiratory System and Other Diseases Transmitted by Discharge from Respiratory Tract. TB MED 47, 28 May 44.

RHEUMATIC FEVER

Rheumatic Fever. Cl, TB MED 97, 29 Sep 44.

RINGWORM

Control of Ringworm in Military Animals. TB MED 161, May 45.

RODENT CONTROL

Rodent Control. TB MED 144, Apr 45.

ROENTGENOGRAPHY

Excessive X-Radiation Exposures During Roentgenography and Roentgenoscopy. Cl, TB MED 62, 1 Jul 44.

RUSSIA

Medical and Sanitary Data on Kamchatka. TB MED 46, 28 May 44.

Medical and Sanitary Data on Khabarovsk Krai and Maritime Krai (Far Eastern Territory) U.S.S.R. (Excluding Kamchatka Oblast). TB MED 88, 29 Aug 44.

RYUKYUS ISLANDS

Medical and Sanitary Data on the Ryukyus Islands. TB MED 108, 24 Oct 44.

SAND-FLY FEVER

Sand-Fly (Pappataci, Phlebotamus) Fever. TB MED 82, 8 Aug 44.

SCHISTOSOMIASIS

Schistosomiasis Japonica. TB MED 167, Jun 45.

Water Treatment in Areas Where Amebiasis and Schistosomiasis are Hazards. TB MED 190, 1 Aug 45.

SOLVENTS

Health Hazards from Industrial Solvents. TB MED 35, 27 Apr 44.

SPINAL CORD

Convalescent Care and Rehabilitation of Patients with Spinal Cord Injuries. TB MED 162, May 45.

SULFONAMIDES

Treatment of Infectious Diseases with Sulfonamide Drugs. TB MED 172, Jun 45.

SUMATRA

Medical and Sanitary Data on Sumatra. TB MED 120, Dec 44.

SWIMMING POOLS

Sanitary Control of Army Swimming Pools and Swimming Areas. TB MED 163, May 45.

SYPHILIS

Patient's Record of Syphilis Treatment. WD MD Form 78a. TB MED 3, 11 Jan 44.

Management of Neurosyphilis. Cl (date not available), C2, 12 Sep 44, C3, 13 Nov 45
TB MED 48, 31 May 44.

Management of Syphilis. TB MED 193, 20 Aug 45 and Cl, 21 Nov 46.

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THAILAND

Medical and Sanitary Data on Thailand. TB MED 63, 5 Jul 44.

TRENCH FOOT

Trench Foot. TB MED 81, 4 Aug 44 and C1, 3 Oct 44.

TRICHOMONAS

Trichomonas Vaginalis Vaginitis. TB MED 8, 22 Jan 44.

TUBERCULOSIS

Tuberculosis Pleurisy with Effusion. TB MED 71, 28 Jul 44.

Diagnosis of Active Tuberculosis. TB MED 221, 29 Apr 46.

Physical and Educational Program for Tuberculous Patients in Army Hospitals.

TB MED 222, 16 May 46.

TYPHUS

Scrub Typhus Fever. TB MED 31, 11 Apr 44.

Epidemic (Louse-Borne) Typhus. TB MED 218, 17 Apr 46.

VIRUS

Neurotropic Virus Diseases. TB MED 212, 16 Jan 46.

See Poliomyelitis, Infectious Hepatitis, Lymphogranuloma Venereum, and Japanese B Encephalitis.

WATER

Instructions for Operating Kit, Water Testing, Poisons. Treatment Control.

C1, TB MED 37, 28 Apr 44.

X-RAY

Life of Photoroentgen Films. TB MED 99, 1 Oct 44.

Electrical Requirements for X-Ray Apparatus in the Field or in Temporary Installations. TB MED 117, Nov 44.

Sensitized Material - Transportation and Storage of Unexposed X-Ray Film. TB MED 191, 10 Aug 45.

IX. Preparation for Surgical Emergencies by Lt. Col. Warner F. Bowers, MC, Surgical Consultant, Medical Section, GHQ, FEC.

When hospital patient loads are light and surgical cases are relatively few, there is a tendency to forget that emergencies may arise at any moment and if the surgical service "has become inert", serious or fatal consequences may eventuate. Personnel must be constantly trained and supplies kept up to the point where a well supplied and smoothly functioning team can be activated at any moment. This emergency team includes not only the surgical personnel but also those from the laboratory and x-ray departments.

In a recent example of failure to be ready for emergency care, it required two and one-half hours to get a blood donor because the laboratory had not kept the Kahn tests up-to-date in the donor roster. This was in a case of splenic rupture and might have been fatal had the patient been bleeding more actively. In addition to being trained to act immediately, personnel must be trained to act on order without undue discussion. Recently, a laboratory technician at first refused to cross match blood in a patient with rupture of the liver because the patient was an Allied National soldier and the technician wondered who was going to pay for the blood. Obviously, when a patient's life

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is in question, the monetary consideration can be decided later.

Greater elaboration of this point should not be necessary but in brief, the Chief of Surgical Service must see to it that his operating room personnel, nurses and technicians are trained and have suitable supplies available. Also, he is responsible for arranging that x-ray and laboratory facilities are equally available for emergency use.

X. Emergencies in Pediatric Practice by Moe Weiss, Captain, M.C.,
35th Medical Station Hospital, APO 713, Kyoto, Honshu, Japan. Part I.

The human infant presents many peculiarities of structure and function; consequently diseases and their management demand special consideration. The immobility, helplessness and uncooperativeness of the infant, the relative instability of his digestion and metabolism, the special considerations given to nutrition, the inefficiency of the temperature regulation mechanism, the unstable, undeveloped state of the nervous system, the vulnerability to respiratory infections and contagious diseases are some of the differences between infant and adult.

For the purposes of this presentation, classification has been made into emergencies of the new born and symptoms in infancy and childhood which are of potential emergency nature. The latter symptoms, such as vomiting, diarrhea, croup and convulsions will be discussed in terms of etiology, diagnosis and treatment.

Emergencies of the New Born: Emergencies can and do occur immediately following the new born's triumphant entry into this world through the pubic arch or uterine incision.

a. Prematurity: The state of prematurity must be considered a pediatric emergency. Any infant delivered before the 280th day of gestation or weighing less than $5\frac{1}{2}$ pounds and measuring less than $18\frac{1}{2}$ inches should receive special care of an urgent nature. Prematurity and its complications account for approximately one fourth of the deaths of infants who die in the first month; for one third among those who survive no longer than a week; and for one half in the case of those who die in the first 24 hours.

A knowledge of the characteristic clinical appearance and physiologic behavior patterns of the premature infant is essential to adequate care. The body is hypotonic; the delicate skin is often well covered with lanugo and scanty subcutaneous tissue, poor in fat. The head is relatively large and round. The cranial bones are thin and flexible. The cry is feeble and respiratory movements irregular. The muscles of sucking and swallowing are weak, making these essential acts difficult. Physiologically, the blood vessels are more fragile and hypoprothrombinemia is greater than in mature infants, consequently the frequency of birth hemorrhages. One third of all premature infants have intracranial bleeding and the figure increases inversely with the weight of the infant. The failure of adequate regulation of body, temperature, respiration and fluid exchange is well known. The metabolic requirements are greater than those of term infants. From the immunological stand-point, these infants are even more susceptible to bacterial infection with even more serious results than term infants. In view of these deviations from the normal it is easy to understand the high mortality and morbidity of the premature. Respiratory failure, intracranial hemorrhage, aspiration of mucus and food, atelectasis, severe physiological jaundice, hypochromic anemia, are common.

Management of the premature infant begins in the delivery room where the most important dangers are hypothermia and asphyxia. The latter condition will be

discussed subsequently. The former can be prevented by keeping the environmental temperature between 80 and 90 degrees with the atmosphere relatively humid. The infant should be wrapped in cotton with only the face exposed, then wrapped in blankets and artificial heat applied. Incubators are best but expensive and not often available. The simplest and a very effective expedient is to place the infant wrapped in blankets, surrounded by and protected from hot water bottles in a bassinet, clothes basket or small crib with protected sides. Position in the crib should be changed but handling reduced and feeding done in the crib. Skin should be oiled but bathing delayed.

In feeding premature infants the desired caloric intake is estimated to be 50 to 60 calories per pound. Breast milk, pumped from the mother is the food of choice, though excellent results have been achieved with ordinary formulas. During the first 18 to 24 hours only saline, by mouth or subcutaneously need be given; then 3 hour milk feedings of 5 cc each are started using a medicine dropper, with 10 cc the next day. Increases are made daily until 1 ounce is taken at each feeding, parenteral saline being used to supply fluids and prevent weight loss. When the infant is taking 50 calories per pound, which is usually at the end of the first week, no parenteral fluid is necessary to maintain weight. After this time further increases can be made, with a four hour feeding schedule.

To combat anemia, iron should be added to the milk, 15 to 25 mg/lb., after weight again is established. This is best done with 10% solution of ferric ammonium citrate, 1 cc containing 17 mg iron. The premature infant demands a greater supply of vitamin D than the term infant, as shown by the greater susceptibility and occurrence of rickets and more rapid rate of growth. Twenty to thirty drops daily of one of the concentrated fish liver oils instead of the usual ten, starting during the first week, is ideal. Ascorbic acid should likewise be started in the first week 50 to 100 mg daily. When normal weights are achieved orange juice may be substituted.

The prognosis of premature infants able to survive the first week is good. Generally speaking, such infants, without congenital defects or intracranial hemorrhage, who acquire a fair degree of nutrition, do well. The prognosis for survival of a premature infant varies in relation to its fetal age; weight, and size. Under best conditions in hospitals, only 1 of 20 premature infants weighing under 2 pounds at birth will survive; 1 of 3 between 2 to 3 pounds; 3 of 4 weighing between 3 to 4 pounds; and 9 of 10 between 4 to 5 pounds.

b. Asphyxia Neonatorum: Asphyxia or anoxia of the new born is one of the most urgent conditions demanding emergency management in the immediate neonatal period, accounting as it does, for about 10% of the deaths in the first 24 hours. Three respiratory disturbances are usually categorized here - primary respiratory failure, atelectasis and respiratory obstruction.

(1) Primary respiratory failure: Many factors may contribute to primary respiratory failure. Some of these are: faulty development of the respiratory center; prolonged second stage of labor; depression by anesthetics and analgesics during labor; intracranial hemorrhage; early placental separation; winding of cord around the neck; and maternal convulsions, hemorrhage or death. In the average new born, respiration is normally established within 30 seconds, and is accompanied by a vigorous cry, good muscle tone and rosy pink skin. Failure leads to anoxia of which two types are described.

(a) Depression, or livid stage - marked by cyanosis and blotching of skin; irregular respirations which are gasping, shallow or occur at long intervals, but with good muscle tone and skin irritability. Froth or fluid may be present on the mouth, but the circulatory system is intact since the cord pulsates strongly and the pulse is full and strong. For this stage, keeping the head down, cleaning the mouth

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and pharynx by suction, wrapping in warm blankets, external stimulation of the skin by gentle spanking, rubbing and pinching and use of oxygen until skin is pink is usually adequate. The use of Co₂ to stimulate depth and cry has fallen into disrepute since it is felt that the refractory state of respiration is due to inadequate oxygen with excessive accumulation of Co₂, which above a critical level, is a depressant rather than a stimulant. If no response occurs in 2 to 3 minutes then additional procedures, as outlined for the flaccid or pallid state, should be used.

(b) Flaccid state: This state is a precarious one of shock and circulatory failure characterized by: pallor, no respirations or only occasional gasps; feeble heart action; soft pale flaccid cord; and loss of muscle tone and skin irritability. After the mouth and pharynx are cleared of mucus by suction, one must attempt artificial inflation of the lungs. This can usually be done by gentle mouth to mouth breathing, the difficult method of intratracheal intubation followed by O₂, and use of the Drinker respirator.

The use of respiratory stimulants such as alpha lobeline and metrazol have been shown to be ineffective; in addition they are potentially dangerous since after anoxia is relieved and circulation improved, the stored stimulus may be so potent as to cause convulsions with resultant cerebral damage.

(2) Persistent atelectasis is usually a result of respiratory failure as described above, but may also occur in cases where respiration has been spontaneously initiated but has failed to produce full expansion, as in feeble and premature infants. Abdominal distension and malformation of the chest are other causes. No symptoms may occur but paroxysmal cyanosis characteristically usually appears. The physical findings are not often helpful but the X-Ray may be more so. Atelectasis should be suspected where resuscitation has been successful but followed by poor respiration and a weak cry; especially in feeble and premature infants and those with paroxysmal cyanosis. Treatment consists of: stimulation to cry; exercise; oxygen, and if possible bronchoscopic aspiration. Prognosis varies with the duration. If atelectasis is not relieved in two weeks, death usually follows:

(3) Respiratory obstruction may be at the level of the larynx or bronchi and caused by aspiration of amniotic contents, mucus, food or vomitus or by malformations. It produces cyanosis, rapid respiration with inspiratory chest retraction. Prognosis is generally poor. Therapy consists of: aspiration; oxygen, and forcing the infant to cry.

c. Disorders of the New Born: Two disorders of the new born, namely hemorrhagic states, and hemolytic disease, require emergency measures when the specific case arises.

(1) Hemorrhagic disease manifests itself during the first week by multiple hemorrhages, retinal, subarachnoid, umbilical, gastro-intestinal, skin and subcutaneous tissues. It is due to low prothrombin levels resulting from inadequate supplies of vitamin K from the mother while in utero, and can be prevented by giving parenterally 5 to 10 mg vitamin K to the mother as late as 2 hours before delivery. In treating hemorrhagic disease, the hemorrhages can normally be stopped in 1 to 2 hours by injection of 2 mg soluble vitamin K product. However to replace lost blood, and if necessary to stop the bleeding in the absence of vitamin K, fresh whole blood is necessary, 5 to 8 cc per pound.

(2) Erythroblastosis fetalis: Outstanding features of erythroblastosis fetalis are: an abnormally large number of nucleated red cells, severe anemia, jaundice within 48 hours, and edema. The clinical symptoms are (1) jaundice, (2) progressive hemolytic anemia, (3) numerous circulating erythroblasts, (4) enlargement of liver and spleen, (5) drowsiness, stupor, and possibly convulsions, (6) hemorrhagic tendencies,

(7) bile in urine and stool, and (8) platelets and prothrombin may be decreased. Mortality rates vary from 35 to 70%.

Erythroblastosis is due to immune factors in the mother's blood. In such cases the father and infant are usually Rh positive and the mother Rh negative.

Treatment: transfusion of 10 cc per pound twice daily if necessary in an attempt to maintain a hemoglobin level of at least 10 gms. Opinions differ regarding the necessity of using Rh negative blood, but it is generally recommended on the grounds of fewer reactions, better maintenance of rise in hemoglobin and lower mortality. Additional therapeutic measures used are vitamin K, liver, oxygen, plasma, and choline chloride by mouth with high carbohydrates, high protein, low fat formula.

d. Surgical Emergencies of Gastro-Intestinal Tract; Certain congenital malformations or anomalies of the gastro-intestinal tract such as esophageal atresia, diaphragmatic hernia, intestinal atresia or stenosis and imperforate anus, if left untreated result in death. The mortality of such cases is related to the promptness of diagnosis and early surgical repair and as such can be classified as surgical emergencies. Infants tolerate surgery better in the first 48 hours than in later weeks.

(1) Esophageal atresia is frequently associated with tracheoesophageal fistula. It is characterized by the presence of excessive mucus at birth, prompt regurgitation of even small feedings, associated with attacks of cyanosis. Coarse rales are often heard in both lung fields. The abdomen is distended due to collection of air in stomach and intestines. The diagnosis can be confirmed by the passage of a soft rubber catheter into the esophagus with finding of a level of obstruction and the injection of 1 to 2 cc liquidol to outline the esophageal pouch and fistula. Barium should not be used in suspected cases for obvious reasons.

(2) Diaphragmatic hernia is associated with 75% mortality within the first month, according to Hedblom. It is characterized by attacks of cyanosis, particularly during or shortly after feedings, with tendency to vomit. Exam shows the heart pushed to the side away from the hernia tympany and audible peristalsis in the thorax. The diagnosis can often be confirmed by x-ray without the use of barium. Surgical repair, after correction of distension, is felt to be indicated.

(3) Intestinal Atresia and Stenosis manifests itself by persistent vomiting of bile stained material, starting soon after birth with abdominal distension. Occasionally peristaltic waves are seen. There is often a failure to detect cornified epithelial cells and bile in the meconium. Plain films of the abdomen show the characteristic collections of gas, and barium with its dangers should not be used. Immediate operation is indicated, after relief of distension, correction of fluid balance and giving of plasma and small transfusions.

(4) Imperforate anus is one of the most frequent surgical emergencies of the new born. It is commonly associated with rectovaginal, rectoperineal, rectovesical or recto-urethral fistulae.

XI. Veterinary Education In Southern Korea by Major W. H. Dieterich, V.C.

Veterinary education in southern Korea is supervised by a full-time veterinary officer, and is divided into three main fields, namely, (1) formal college education of veterinary students, (2) re-education of graduate veterinarians, and (3) information and education of the general public.

The goal of public information and education is to promote general under-

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standing of the profession as a whole, and to stimulate understanding and cooperation among members of the medical and veterinary professions. This is done by newspaper and magazine articles, short talks and discussions with interested groups, and posters and displays.

The goal of the veterinary re-education program is to raise the professional standards of former graduates. The need for this is particularly great, since most college graduates were Japanese who held important positions and have returned to Japan. Southern Korea has now approximately twenty million people, two million domestic animals excluding poultry and pets, and less than thirty college trained veterinarians. The balance of the burden must fall upon several hundred "veterinarians" who have had not more than a total of eleven years of academic schooling. Re-education is accomplished through bulletins, pamphlets, short courses, and field demonstrations.

Prior to the war, the two levels of veterinary education in Korea were middle school and college. The former was a four or five-year course in combined animal husbandry and veterinary medicine following six years of primary schooling, and entitled the graduate to practice in Korea and Manchuria. The latter was a three-year course in the same subjects following middle school; graduates were authorized to practice anywhere in the Japanese Empire. Those who had less than middle school education and passed an examination could be licensed as "limited veterinarians", restricted to one district for a period of five years.

The veterinary courses have now been dropped from all middle school curricula, and in the future no middle school graduates will be eligible to apply for licenses to practice veterinary medicine. Students in the old three-year college level curriculum in combined animal husbandry and veterinary medicine will be allowed to finish for a diploma; however, no new students will be accepted for this course.

In July, 1947, the Board of Regents of Seoul National University announced the establishment of the School of Veterinary Medicine in association with the College of Agriculture. Entrance requirements, as for other University students, are twelve years of prior education. The four year veterinary curriculum is similar in professional subjects to the curricula of Europe and America. Graduates will receive the degree Bachelor of Veterinary Science; further study may lead to Masters and Doctors degrees.

Tentative faculty assignments, with Professor Lee Keun Tae as Director, consist of six full-time professors, all graduates of Hokkaido Imperial University, or of Asabu, Morioko, or Tokio Veterinary Colleges. Visiting lecturers will fill in where necessary.

The School of Veterinary Medicine will occupy the former Seoul Medical College buildings on the University campus, will eventually accomodate two hundred students in the four professional years, and will offer laboratory and clinical facilities never before available to veterinary students in Korea. Another advantage of the new location in Seoul is the proximity to abbatoirs, dairy plants, laboratories, and the many animals of racing and riding associations, mounted police, and the hundreds of draft horses and oxen that daily play the streets of this metropolis.

An important step forward has been taken in veterinary education in Korea.

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Articles for Publication in Circular

It is desired that the Monthly Circular Letter published by the Medical Section, GHQ, FEC be of maximum value to all of the Medical Department personnel in the field. To that end, articles of professional or administrative nature that might be of general interest are needed. All Medical Department officers, as well as the Commanding Officers of Medical Department units, and the Surgeons of the major commands are solicited for articles of administrative or technical value. Such articles should be forwarded so as to reach the Medical Section, FEC, not later than the 20th of the month preceding the publication of the circular in which it is to appear.

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